Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF ARIZONA	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Anthony First name Ray Middle name Martinez Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	e	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3898	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	2017 E. Escuda Road	If Debtor 2 lives at a different address:
		Phoenix, AZ 85024 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Maricopa	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

When

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

Has your landlord obtained an eviction judgment against you?

Case number, if known

District

□ No.

Yes.

Go to line 12.

No. Go to line 12.

bankruptcy petition.

Do you rent your

residence?

Number, Street, City, State & Zip Code

If immediate attention is

Where is the property?

needed, why is it needed?

property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Anthony Ray Martinez** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Anthony Ray Martinez Signature of Debtor 2 **Anthony Ray Martinez** Signature of Debtor 1

Email Address of Debtor 2

MM / DD / YYYY

Executed on

amartinez7755@gmail.com Email Address of Debtor 1

Executed on April 19, 2019

MM / DD / YYYY

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Sandra C. Oswalt/Eric R. Thieroff	Date	April 19, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Sandra C. Oswalt/Eric R. Thieroff 027283/022061		
Printed name		
Oswalt Law Group, PC		
Firm name		
300 W. Clarendon Avenue		
Suite 290		
Phoenix, AZ 85013		
Number, Street, City, State & ZIP Code		
Contact phone 602-225-2222 En	nail address	sandra@oswaltlawgroup.com

027283/022061 AZ

Bar number & State

Certificate Number: 15725-AZ-CC-032497026



CERTIFICATE OF COUNSELING

I CERTIFY that on March 25, 2019, at 3:05 o'clock PM EDT, Anthony Martinez received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Arizona, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 25, 2019 By: /s/Astrid Barreto

Title: Counselor

Name: Astrid Barreto

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

				4/19/19 3:20PM
	III in this information to identify your case:			
Deb	ebtor 1 Anthony Ray Martinez First Name Middle Name Last Name			
	ebtor 2			
(Spo	pouse if, filing) First Name Middle Name Last Name			
Unit	nited States Bankruptcy Court for the: DISTRICT OF ARIZONA			
Cas	ase number			
(if kno	known)		_	k if this is an
			amen	ded filing
~	W - 15 4000			
	official Form 106Sum			
	ummary of Your Assets and Liabilities and Certain Sta			12/15
	e as complete and accurate as possible. If two married people are filing together, formation. Fill out all of your schedules first; then complete the information on the			
your	ur original forms, you must fill out a new Summary and check the box at the top	of this page.		
Part	art 1: Summarize Your Assets			
			Your a	ssets
			Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
			Ψ	
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	47,044.91
	1c. Copy line 63, Total of all property on Schedule A/B		\$	47,044.91
Part	art 2: Summarize Your Liabilities			
			Vour	abilities
				it you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D))		04 040 04
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the las	t page of Part 1 of Schedule D	\$	31,046.94
3.		hadula F/F	\$	12,096.75
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Sc		·	· · · · · · · · · · · · · · · · · · ·
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of	Schedule E/F	\$	59,857.11
		Your total liabilities	\$	103,000.80
D	O O O O O O O O O O O O O O O O O O O		1	
Part	art 3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	8,563.11
_			·	· · · · · · · · · · · · · · · · · · ·
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	7,870.92
Part	art 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and su	bmit this form to the court with you	ur other sc	hedules.
		,		
7.	■ Yes What kind of debt do you have?			
	·			
	Your debts are primarily consumer debts. Consumer debts are those "incu household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.		a personal	, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

page 1 of 2

Desc

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,976.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	12,096.75
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	12,096.75

	Anthony F					
abtar 2	First Name	N	/liddle Name	Last Name		
ebtor 2 pouse, if fi	First Name	N	/liddle Name	Last Name		
nited St	tates Bankruptcy Court	for the: DISTRI	ICT OF ARIZONA			
ase nun	mber					☐ Check if this is a
						amended filing
fficia	al Form 106A	<u>/B</u>				
che	edule A/B: F	Property	7			12/15
nk it fits ormation	best. Be as complete ar	nd accurate as pos	ssible. If two married	nce. If an asset fits in more than on the decirion of the decirion of the decirion of the top of any additional pages.	are equally responsible for s	upplying correct
art 1: D	Describe Each Residence	, Building, Land, o	or Other Real Estate	You Own or Have an Interest In		
Do you	own or have any legal or	equitable interest	in any residence, b	ouilding, land, or similar property?	,	
■ No. C	Go to Part 2.					
_	Where is the property?					
	vinoro lo uno proporty.					
art 2: D	Describe Your Vehicles					
meone		e a vehicle, also r	eport it on <i>Schedu</i>	nicles, whether they are regist tile G: Executory Contracts and l		vehicles you own that
meone de Cars, von	else drives. If you lease	e a vehicle, also r	eport it on <i>Schedu</i>	lle G: Executory Contracts and U		rehicles you own that
Cars, v	else drives. If you lease	e a vehicle, also re	eport it on <i>Schedu</i>	lle G: Executory Contracts and U	Unexpired Leases.	ŕ
Cars, V No Yes 3.1 Ma	else drives. If you lease vans, trucks, tractors, Kia Sorento I Utility	e a vehicle, also re	eport it on <i>Schedu</i> icles, motorcycle Who has an intere	lle G: Executory Contracts and U	Do not deduct secured of the amount of any secure	claims or exemptions. Put red claims on <i>Schedule D</i> :
Cars, v No Yes 3.1 Ma	vans, trucks, tractors, Kia Sorento L Utility	e a vehicle, also re	who has an interest	ele G: Executory Contracts and l	Do not deduct secured of the amount of any secure Creditors Who Have Cla	claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
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Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1	Anthony Ray	Martinez		Case number (i	if known)	
				your entries from Part 2, including er here			\$17,401.00
Part	3: Descr	ibe Your Person	al and Household Items				
			gal or equitable interest in ar	y of the following items?			Current value of the portion you own? Do not deduct secured
	xamples. No	I goods and fu Major appliand	rnishings es, furniture, linens, china, kitc	henware			claims or exemptions.
			3 Living room couches \$ 4 Beds \$100.00 3 Televisions \$300.00 1 DVD player \$10.00 1 Game station \$200.00 1 Refrigerator \$50.00 1 Washing machine \$200 1 Clothes dryer \$200.00 1 Vacuum \$200.00 3 Bookcases \$10.00 1 Gas grill \$10.00 Location: 2017 E. Escuda				\$1,380.00
E] No	Televisions an	ohones, cameras, media player 1 Laptop computer \$100.		nters, scanners;	music collec	ctions; electronic devices
			Location: 2017 E. Escuda	Road, Phoenix AZ 65024.			Ψ100.00
E	xamples. No		igurines; paintings, prints, or ot ns, memorabilia, collectibles	her artwork; books, pictures, or other	art objects; star	mp, coin, or t	paseball card collections;
E	No	t for sports an Sports, photog musical instru escribe	raphic, exercise, and other hob	oby equipment; bicycles, pool tables, ç	golf clubs, skis;	canoes and	kayaks; carpentry tools;
	No .	s: Pistols, rifles	shotguns, ammunition, and rel	ated equipment			
11. (Clothes Example:] No	s: Everyday clo	thes, furs, leather coats, desigr	er wear, shoes, accessories			
	Yes. D	escribe					
			Misc. men's clothing \$20 Location: 2017 E. Escuda	0.00 ı Road, Phoenix AZ 85024.			\$200.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Anthony Ray Martinez	Case number (if known)	
■ No	imples: Everyday jewelry, costume jewelry, engage	ment rings, wedding rings, heirloom jewelry, watches, gems, go	old, silver
Exa ■ No			
	es. Describe		
■ No		ot already list, including any health aids you did not list	
	d the dollar value of all of your entries from Par Part 3. Write that number here	t 3, including any entries for pages you have attached	\$1,680.00
Part 4:	Describe Your Financial Assets		
	own or have any legal or equitable interest in a	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	mples: Money you have in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petitio	n
	institutions. If you have multiple accounts w	nts; certificates of deposit; shares in credit unions, brokerage heith the same institution, list each.	ouses, and other similar
_	95	Institution name:	
	17.1.	Desert Financial Credit Union savings account #368-0000, balance as of filing date.	\$0.40
	17.2.	Desert Financial Credit Union checking account #368-0400, balance as of filing date.	\$8.67
	17.3.	Bank of America checking account #1588, balance as of filing date.	\$26.03
	17.4.	Non-filing Spouse Desert Financial Credit Union savings account #708-0000, balance as of filing date.	\$25.00
	17.5.	Non-filing Spouse Desert Financial Credit Union checking account #708-0400, balance as of filing date.	\$300.00
Exa	ds, mutual funds, or publicly traded stocks imples: Bond funds, investment accounts with broke	erage firms, money market accounts	
■ No	osInstitution or issuer na	me:	
	t venture	ated and unincorporated businesses, including an interest	in an LLC, partnership, and
	es. Give specific information about them Name of entity:	 % of ownership:	

Official Form 106A/B

Schedule A/B: Property

page 3

De	btor 1	Anthony R	ay Martinez		Case number (if known)	
	Negotia	ble instrumen	ts include personal check	s, cashiers'	and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.	
		live specific in	oformation about them lssuer name:			
	Example ☐ No —		n IRA, ERISA, Keogh, 401	l(k), 403(b),	thrift savings accounts, or other pension or profit-sharing p	olans
	Yes. Li	ist each acco	unt separately. Type of account:		Institution name:	
					Fresenius Medical Care North America 401(k) savings plan.	\$25,803.81
	Your sha	are of all unus			ou may continue service or use from a company utilities (electric, gas, water), telecommunications compani	ies, or others
					Institution name or individual:	
					Residential security deposit with William M. Stegner.	\$1,800.00
24. 25. 26.	■ No □ Yes Interests 26 U.S.C. ■ No □ Yes Trusts, € ■ No □ Yes. C Patents, Example ■ No □ Yes. C License: Example ■ No □ Yes. C	in an educat S§ 530(b)(1) equitable or f Give specific in copyrights, es: Internet do Give specific in s, franchises es: Building po	Issuer name and descriptition IRA, in an account in , 529A(b), and 529(b)(1). Institution name and description and them trademarks, trade secrements of the secrement of them trademarks, trade secrements of them and other general intales of the secrements, exclusive licenses of the secrements.	n a qualifier ription. Sep rty (other the tage) and oth roceeds from the tage and the roceeds from the tage and the roceeds from the tage and the tage and tage are taged.	d ABLE program, or under a qualified state tuition progrately file the records of any interests.11 U.S.C. § 521(c): nan anything listed in line 1), and rights or powers exert er intellectual property m royalties and licensing agreements e association holdings, liquor licenses, professional licenses	rcisable for your benefit
						portion you own? Do not deduct secured claims or exemptions.
	■ No	inds owed to		cluding whet	her you already filed the returns and the tax years	
	■ No	es: Past due c	or lump sum alimony, spoo	usal support	, child support, maintenance, divorce settlement, property	settlement

Official Form 106A/B
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Case 2:19-bk-04775-DPC

page 4
Best Case Bankruptcy

Schedule A/B: Property

			4/19/19 3:20Pf
Debtor	1 Anthony Ray Martinez	Case number (if known)	
	er amounts someone owes you amples: Unpaid wages, disability insurance payments, disability benefits, sick benefits; unpaid loans you made to someone else	pay, vacation pay, workers' compe	nsation, Social Security
☐ Y	es. Give specific information		
	rests in insurance policies amples: Health, disability, or life insurance; health savings account (HSA); cre	edit, homeowner's, or renter's insura	nce
	es. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
If ye sor ■ N		policy, or are currently entitled to rec	eive property because
Ц 10	es. Give specific information		
	ims against third parties, whether or not you have filed a lawsuit or mad amples: Accidents, employment disputes, insurance claims, or rights to sue	e a demand for payment	
	es. Describe each claim		
34. Oth ■ N	er contingent and unliquidated claims of every nature, including counte	rclaims of the debtor and rights to	set off claims
	es. Describe each claim		
35. Any ■ N	r financial assets you did not already list		
□ Y	es. Give specific information		
	dd the dollar value of all of your entries from Part 4, including any entries r Part 4. Write that number here		\$27,963.91
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. List any	y real estate in Part 1.	
37. Do y	ou own or have any legal or equitable interest in any business-related property?		
■ No	. Go to Part 6.		
☐ Yes	s. Go to line 38.		
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1.	an Interest In.	
	you own or have any legal or equitable interest in any farm- or commerc	ial fishing-related property?	
	Yes. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List	Above	
	<u> </u>		
	you have other property of any kind you did not already list? amples: Season tickets, country club membership		
	es. Give specific information		
54. A c	dd the dollar value of all of vour entries from Part 7. Write that number h	ere	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

\$47,044.91

Debtor 1 Case number (if known) **Anthony Ray Martinez** List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$17,401.00 57. Part 3: Total personal and household items, line 15 \$1,680.00 Part 4: Total financial assets, line 36 \$27,963.91 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$47,044.91 Copy personal property total \$47,044.91

63. Total of all property on Schedule A/B. Add line 55 + line 62

						4/19/19 3:20PN		
Fil	ll in this inforr	mation to identify your o	case:					
De	ebtor 1	Anthony Ray Mar						
De	ebtor 2	First Name	Middle Name	L	Last Name			
1 -	ouse if, filing)	First Name	Middle Name	L	Last Name			
Un	nited States Ba	nkruptcy Court for the:	DISTRICT OF ARIZONA					
1	ase number _ known)					☐ Check if this is an amended filing		
O	fficial Fo	rm 106C						
S	chedul	e C: The Pro	perty You Cla	aim	as Exempt	4/19		
the need case. For speciarry funders	property you li eded, fill out an ee number (if ku r each item of ecific dollar ar y applicable st ds—may be u emption to a p	isted on Schedule A/B: Pd attach to this page as renown). property you claim as emount as exempt. Alteritatutory limit. Some exemptimited in dollar amount.	exempt, (Official Form 106A/B) nany copies of Part 2: Addition exempt, you must specify the natively, you may claim the mptions—such as those for int. However, if you claim ar) as yo nal Pa ne amo full fa r heal n exer	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. (ir market value of the property beith aids, rights to receive certain bention of 100% of fair market value.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement		
Pa	rt 1: Identi	fy the Property You Cla	im as Exempt					
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	You are cl	aiming state and federal	nonbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)			
		G	s. 11 U.S.C. § 522(b)(2)					
2.	For any prop	perty you list on Schede	<i>lle A/B</i> that you claim as exe	empt,	fill in the information below.			
		ion of the property and line that lists this property	c on Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption		
		orento LX Sport Utili			\$6,000.00	Ariz. Rev. Stat. § 33-1125(8)		
	Value obtained Lienholder Acceptance Location: 2 Phoenix Az	2017 E. Escuda Road	com.		100% of fair market value, up to any applicable statutory limit			
		om couches \$100.00	\$1,380.00		\$6,000.00	Ariz. Rev. Stat. § 33-1123		
	1 Refrigera 1 Washing	ns \$300.00 rer \$10.00 ation \$200.00 ator \$50.00 machine \$200.00 dryer \$200.00			100% of fair market value, up to any applicable statutory limit			

Location

3 Bookcases \$10.00 1 Gas grill \$10.00

Line from Schedule A/B: 6.1

Debtor	Anthony Ray Martinez			Case number (if known)	
	ief description of the property and line on hedule A/B that lists this property	Current value of the portion you own	The state of the s		
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	Laptop computer \$100.00 ocation: 2017 E. Escuda Road,	\$100.00		\$2,000.00	Ariz. Rev. Stat. § 33-1125(7)
PI	noenix AZ 85024. ne from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	
	isc. men's clothing \$200.00 ocation: 2017 E. Escuda Road,	\$200.00		\$500.00	Ariz. Rev. Stat. § 33-1125(1)
PI	noenix AZ 85024. ne from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	on-filing Spouse Desert Financial redit Union checking account	\$300.00		\$300.00	Ariz. Rev. Stat. § 33-1126(A)(9
#7	708-0400, balance as of filing date. the from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
	resenius Medical Care North merica 401(k) savings plan.	\$25,803.81	•	100%	Ariz. Rev. Stat. § 33-1126(B)
	ne from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	esidential security deposit with illiam M. Stegner.	\$1,800.00		\$2,000.00	Ariz. Rev. Stat. § 33-1126(C)
	ne from Schedule A/B: 22.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every			led on or after the date of adiustme	nt.)
	No	. ,			,
	Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

						4/19/19 3:20Pi
Fill	in this inform	ation to identify you	r case:			
Deb	tor 1	Anthony Ray Ma	artinez			
		First Name	Middle Name Last Name		-	
	tor 2 use if, filing)	First Name	Middle Name Last Name		-	
Unit	ed States Banl	kruptcy Court for the:	DISTRICT OF ARIZONA		_	
Cas	e number					
(if kno	own)				☐ Check	if this is an
					amend	ded filing
Oπ.	:-:-!	400D				
	icial Form					
Sc	hedule [D: Creditors	Who Have Claims Secur	ed by Propert	:y	12/15
is ne			f two married people are filing together, both are out, number the entries, and attach it to this forn			
1. Do	any creditors h	ave claims secured by	your property?			
	☐ No. Check t	this box and submit th	nis form to the court with your other schedules	s. You have nothing else	to report on this form.	
	Yes. Fill in a	all of the information b	pelow.	_		
		Secured Claims				
			nore than one secured claim, list the creditor separa	Column A	Column B	Column C
for e	ach claim. If mo	re than one creditor has	a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1	Flagship C Acceptanc		Describe the property that secures the claim:	\$18,108.54	\$7,401.00	\$10,707.54
	Creditor's Name	o,	2016 Kia Sorento LX Sport Utility			
			with 140,000 miles in fair condition.			
	D.O. Day 4	440	As of the date you file, the claim is: Check all that			
	P.O. Box 1	419 ord, PA 19317	apply.			
			☐ Contingent			
	Number, Street, 0	City, State & Zip Code	Unliquidated			
Who	owes the deb	it? Check one	☐ Disputed Nature of lien. Check all that apply.			
_	Debtor 1 only	ar onock one.	☐ An agreement you made (such as mortgage or	secured		
_	Debtor 2 only		car loan)			
	Debtor 1 and Deb	ntor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier)		
_		e debtors and another	☐ Judgment lien from a lawsuit	7		
	Check if this clai	im relates to a	Other (including a right to offset) Auto Lo	an.		

Date debt was incurred 1/16/2017

Last 4 digits of account number

1001

Debtor 1 Anthony Ray Martinez		Case number (if known)		
First Name Middle N	lame Last Name			
United Auto Credit Corporation	Describe the property that secures the claim:	\$12,938.40	\$10,000.00	\$2,938.40
Creditor's Name	2016 Chevrolet Malibu Limited LT Sedan 4D with 60,000 miles in fair condition.			
P.O. Box 512925 Los Angeles, CA 90051	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	an.		
Date debt was incurred 3/17/2018	Last 4 digits of account number 0002	2		
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$31,046.9	94	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$31,046.9	94	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

								4/19/19 3:20PM
Fill in this infor	mation to identify your o	case:						
Debtor 1	Anthony Ray Mar	tinez						
	First Name	Middle	e Name	Last Nam	е			
Debtor 2 (Spouse if, filing)	First Name	Middl	e Name	Last Nam	0			
, , , ,	ankruptcy Court for the:		T OF ARIZONA	Lastivani	C			
Omiod Glaloo Be	and aptoy Court for the.							
Case number (if known)							☐ Check	if this is an
							amend	ded filing
Be as complete an any executory con Schedule G: Exect Schedule D: Creditleft. Attach the Con name and case nu Part 1: List A 1. Do any credit No. Go to F Yes. 2. List all of you identify what ty possible, list the control of t	d accurate as possible. Us tracts or unexpired leases utory Contracts and Unexpitors Who Have Claims Section tinuation Page to this pagmber (if known).	e Part 1 for that could r that could r ired Leases ured by Proje. If you have secured C d claims agas. If a credito is both prioriter according t	creditors with PRIORI esult in a claim. Also (Official Form 106G). perty. If more space is ve no information to re laims ainst you? r has more than one pri y and nonpriority amou to the creditor's name. I	TY claims a list executo Do not incluing needed, comport in a Paragraph ority unsecunts, list that of you have n	nd Part 2 fory contract ude any cre ppy the Part art, do not for red claim, lict claim here a	ts on Schedule A/B: Fiditors with partially styou need, fill it out, ille that Part. On the total the creditor separate and show both priority and show both pri	Property (Official For ecured claims that a number the entries i op of any additional op of any additional ly for each claim. For and nonpriority amoun	each claim listed,
	nation of each type of claim, s				booklet.)	Total claim	Priority	Nonpriority
2.1 Arizona	a Department of Reve	nue	Last 4 digits of accor	unt number		\$1,596.75	amount \$1,596.75	amount \$0.00
Priority Co Bankru 1600 W	reditor's Name uptcy Unit, 7th Floor /. Monroe Street		When was the debt in		2017		<u>Ψ1,000.10</u>	
	x, AZ 85007 Street City State Zip Code		As of the date you fil	e the claim	is: Check :	all that annly		
	ed the debt? Check one.		☐ Contingent	c, the claim	is. Oncore	л пасарну		
Debtor 1	only		☐ Unliquidated					
Debtor 2	only		☐ Disputed					
_	and Debtor 2 only		Type of PRIORITY ur	secured cla	aim:			
	ne of the debtors and anothe	er	☐ Domestic support of					
	this claim is for a commun		Taxes and certain	other debts	you owe the	government		
	subject to offset?	,	☐ Claims for death or		•	•		
■ No			☐ Other. Specify		·			
☐ Yes			P	ersonal I	ncome T	ax.		

ebtor 1 Anthony Ray Martinez		Case nur	mber (if known)		
Internal Revenue Service	Last 4 digits of account number	r	\$10,500.00	\$10,500.00	\$0.0
Priority Creditor's Name Central Insolvency Operations P.O. Box 7346	When was the debt incurred?	2017			
Philadelphia, PA 19101					
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all t	that apply		
_	☐ Contingent				
Debtor 1 only	Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
\square Check if this claim is for a community debt	Taxes and certain other debts				
Is the claim subject to offset?	☐ Claims for death or personal in	njury while you	were intoxicated		
No	Other. Specify				
Yes	Federal In	come Tax.			
☐ No. You have nothing to report in this part. Submit ■ Yes.	this form to the court with your other		ch claim. If a creditor	has more than one non	priority
Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea hat type of clai	m it is. Do not list claim	is already included in P	art 1. If more
 No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl 	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea hat type of clai	m it is. Do not list claim	is already included in P	art 1. If more ion Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A.	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea what type of clai than three non	m it is. Do not list claim	s already included in P ns fill out the Continuat	art 1. If more ion Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive	this form to the court with your other e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more	who holds ea that type of clai than three non	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
■ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num	who holds ea that type of clai than three non ther 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
■ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code	this form to the court with your other e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred	who holds ea that type of clai than three non ther 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
■ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one.	this form to the court with your other e alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred As of the date you file, the cl	who holds ea that type of clai than three non ther 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
■ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred As of the date you file, the cl Contingent Unliquidated Disputed	who holds earthan three non ber 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
No. You have nothing to report in this part. Submitted Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred' As of the date you file, the cl	who holds earthan three non ber 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
■ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred As of the date you file, the cl Contingent Unliquidated Disputed	who holds earthan three non ber 8/1999	m it is. Do not list claim priority unsecured clair	s already included in P ns fill out the Continuat	art 1. If more ion Page of
□ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred As of the date you file, the cl Contingent Unliquidated Disputed Type of NONPRIORITY unser	who holds earthan three non ber 8/1999 aim is: Check accurred claim:	m it is. Do not list claim priority unsecured claim	is already included in Pins fill out the Continuat Total cl	art 1. If more ion Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Capital One Bank USA, N.A. Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	this form to the court with your other alphabetical order of the creditor laim. For each claim listed, identify w creditors in Part 3.If you have more Last 4 digits of account num When was the debt incurred As of the date you file, the cl Contingent Unliquidated Disputed Type of NONPRIORITY unser Student loans Obligations arising out of a	who holds ea what type of clai than three non ther 8/1999 aim is: Check a cured claim: separation agree	m it is. Do not list claim priority unsecured claim priority unsecured claim all that apply eement or divorce that	is already included in Pins fill out the Continuat Total cl	art 1. If more ion Page of

Desc

Debtor	1 Anthony Ray Martinez	Case number (if known)	
4.2	Capital One Bank USA, N.A.	Last 4 digits of account number	\$6,900.00
	Nonpriority Creditor's Name Corporate Headquarters 1680 Capital One Drive McLean, VA 22102	When was the debt incurred? 1/2010	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card.	
4.3	Chase Card Nonpriority Creditor's Name	Last 4 digits of account number	\$2,897.00
	P.O. Box 15298 Wilmington, DE 19850	When was the debt incurred? 5/2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Charged-off Credit Card.	
4.4	Chase Card	Last 4 digits of account number	\$5,240.00
	Nonpriority Creditor's Name P.O. Box 15298 Wilmington, DE 19850	When was the debt incurred? 4/2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card.	

Debto	Anthony Ray Martinez	Case number (if known)	
4.5	CitiCards CBNA	Last 4 digits of account number	\$1,910.00
	Nonpriority Creditor's Name PO Box 6241	When was the debt incurred? 6/2017	_
	Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oncok an that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card.	_
4.6	Consolidation Plus Nonpriority Creditor's Name	Last 4 digits of account number	\$3,200.00
	P.O. Box 204791	When was the debt incurred?	_
	Dallas, TX 75320 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The state of the s	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Service Provider.	_
4.7	Diamond Resorts Financial Services, Inc	Last 4 digits of account number 5731	\$2,233.00
	Nonpriority Creditor's Name P.O. Box 60480	When was the debt incurred? 1/2017	_
	Los Angeles, CA 90060 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Time Share.	

Debt	or 1 Anthony Ray Martinez	Case number (if known)	
Debto	Discover Financial Services, LLC. Nonpriority Creditor's Name P.O. Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Case number (if known) Last 4 digits of account number When was the debt incurred? 5/2016 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$4,918.00
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card.	
4.9	Elan Financial Services Nonpriority Creditor's Name	Last 4 digits of account number 5009	\$728.00
	1255 Corporate Drive, Ste. 6 Irving, TX 75038 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card.	
4.1 0	Enterprise	Last 4 digits of account number 2513	\$500.00
	Nonpriority Creditor's Name P.O. Box 843369 Kansas City, MO 64184	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Service Provider.	

Debto	Anthony Ray Martinez	Case number (if known)	
4.1			*
1	Freedom Plus	Last 4 digits of account number 4003	\$18,102.00
	Nonpriority Creditor's Name 1875 S. Grant Street, Ste. 400 San Mateo, CA 94402	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Personal Loan.	
4.1	Kohl's		\$720.00
2	Nonpriority Creditor's Name	Last 4 digits of account number	\$720.00
	N56 W. 17000 Ridgewood Dr. Menomonee Falls, WI 53051	When was the debt incurred? 7/2011	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	<u></u>		
	☐ Yes	■ Other. Specify Credit Card.	
4.1	Medical Payment Data	Last 4 digits of account number 8137	\$88.00
3	Nonpriority Creditor's Name	Last 4 digits of account number	
	2001 9th Avenue, Ste. 312 Vero Beach, FL 32960	When was the debt incurred? 2/2014	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Collection.	

Desc

Debto	Anthony Ray Martinez	Case number (if known)	
4.1	Paypal Credit	Last 4 digits of account number 3894	\$1,860.65
4	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 5138	When was the debt incurred?	ψ1,000.00
	Lutherville Timonium, MD 21094 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card.	
4.1	Speedy Cash	Last 4 digits of account number 1753	\$972.46
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 780408	When was the debt incurred? 12/2018	
	Wichita, KS 67278 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Payday loan	
1.1	Synchrony Bank	Last 4 digits of account number 0334	\$945.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060	When was the debt incurred? 8/2012	
	Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other, Specify Charged-off Credit Card/Lowes.	

Debt	or 1 Anthony Ray Martinez	Case number (if known)	
4.1 7	Synchrony Bank	Last 4 digits of account number	\$4,339.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060	When was the debt incurred? 11/2012	
	Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card/Amazon.	
4.1	Synchrony Bank	Look 4 digite of account growther	\$2,170.00
8	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ2,170.00
	Attn: Bankruptcy Department P.O. Box 965060	When was the debt incurred? 6/2012	
	Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card/Care Credit.	
4.1 9	Vantage West Credit Union	Last 4 digits of account number 5220	\$1,629.00
	Nonpriority Creditor's Name Corporate Office 2480 N. Arcadia Avenue	When was the debt incurred? 3/2013	
	Tucson, AZ 85712 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charged-off Credit Card.	

Debtor 1	Anthony	Ray Martinez		Case nu	umber (if known)		
	Verizon Wir		Last 4 digits of account number	0001			\$200.00
	Nonpriority Cred P.O. Box 66 Dallas, TX 7	60108	When was the debt incurred?	1/201	8		
Number Street City State Zip Code Who incurred the debt? Check one.			As of the date you file, the claim	is: Check	all that apply		
	■ Debtor 1 onl	ly	☐ Contingent				
	☐ Debtor 2 onl	ly	☐ Unliquidated				
	Debtor 1 and	•	Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
		is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a sep report as priority claims	aration ag	reement or divorce th	hat you did not	
	■ No		☐ Debts to pension or profit-shari	ng plans, a	and other similar deb	ots	
	☐ Yes		Other. Specify Telecomm	unicatio	on Provider.		
Part 3:	List Others	s to Be Notified About a Del	ot That You Already Listed				
is tryin have m	g to collect fro	m you for a debt you owe to so	bout your bankruptcy, for a debt that meone else, list the original creditor i t you listed in Parts 1 or 2, list the add r submit this page.	n Parts 1	or 2, then list the co	ollection agency here.	. Similarly, if you
	d Address		On which entry in Part 1 or Part 2 did you		•		
	je Recovery ox 843369				Creditors with Priority		
_	s City, MO 6		Last 4 digits of account number	■ Part 2: (Creditors with Nonpri	iority Unsecured Claims	3
Name an	d Address		On which entry in Part 1 or Part 2 did you	u list the o	riginal creditor?		
			Line 4.9 of (Check one):	☐ Part 1: (Creditors with Priority	y Unsecured Claims	
P.O. B	ember Serv ox 790408		•	Part 2: 0	Creditors with Nonpri	iority Unsecured Claims	3
Sailit L	ouis, MO 6		Last 4 digits of account number				
Name an	d Address		On which entry in Part 1 or Part 2 did you	u list the o	riginal creditor?		
FMS In	ic.			_	Creditors with Priority	y Unsecured Claims	
	x 707600			Part 2:	Creditors with Nonpri	iority Unsecured Claims	3
i uisa,	OK 74170		Last 4 digits of account number				
Name an	d Address		On which entry in Part 1 or Part 2 did you	u list the o	riginal creditor?		
FMS, Ir					Creditors with Priority	v Unsecured Claims	
	. Union Ave			_	•	iority Unsecured Claims	s
Tulsa,	OK 74107				отошного типт гот.р	omy onecoured ciamin	•
			Last 4 digits of account number				
	d Address		On which entry in Part 1 or Part 2 did you		-		
	vorld Systeı ginia Dr., S				Creditors with Priority		
	ashington,		•	■ Part 2: (Creditors with Nonpri	iority Unsecured Claims	>
	3 ,		Last 4 digits of account number				
Dowl 4	A A A A A A A A A A						
Part 4:		mounts for Each Type of Ur					
	he amounts of unsecured cla		ms. This information is for statistical	reporting			amounts for each
	2	Democile assessed at the of		0-	Total C		
т	6a. otal	Domestic support obligations	i	6a.	\$	0.00	
cla	ims						
from Pa		Taxes and certain other debts		6b.	\$	12,096.75	
	6c. 6d.		injury while you were intoxicated ecured claims. Write that amount here.	6c. 6d.	\$ 	0.00	
	ou.	and an other priority uns	ocarca ciaims. Write that amount fiele.	ou.	Φ	0.00	

Official Form 106 E/F

Debtor 1 Anthony Ray Martinez

Case number (if known)

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	12,096.75
Total	6f.	Student loans	6f.	\$	Total Claim 0.00
claims from Part 2	6g. 6h. 6i.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here.	6g. 6h. 6i.	\$ \$ \$	0.00 0.00 59,857.11
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	59,857.11

Fill in this infor	mation to identify your	case:		
Debtor 1	Anthony Ray Mar	tinez		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF ARIZONA		
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 William M. Stegner 6638 W. Sweetwater Avenue Glendale, AZ 85304	Residential lease agreement, month-to-month, debtor to assume.

Fill in th	is information to identify you	case:		
Debtor 1	Anthony Ray Ma	rtinez		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
			2450 1 141115	
United S	States Bankruptcy Court for the:	DISTRICT OF ARIZONA		
Case nu	mber			
(if known)				☐ Check if this is an
				amended filing
Offici	al Form 106H			
	dule H: Your Cod	lobtore		40/45
Scrie	dule n. Toul Cot	ienioi 2		12/15
people a fill it out your nar 1. D N Y 2. W Ariz	re filing together, both are eq , and number the entries in the ne and case number (if known o you have any codebtors? (If do	ually responsible for supplying boxes on the left. Attach the left. Attach the left. Attach the left. Attach the left. Answer every question. Tyou are filing a joint case, do not case, d	ng correct informate Additional Page to not list either spouse erty state or territor or Rico, Texas, Wash	ry? (Community property states and territories include
	In which community sta	te or territory did you live?	-NONE-	. Fill in the name and current address of that person.
		ip Code stors. Do not include your spe		r if your spouse is filing with you. List the person shown
For				sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Sulai P. Samante 2017 E. Escuda Road			■ Schedule D, line2.2
	Phoenix, AZ 85024			☐ Schedule E/F, line
				☐ Schedule G
				United Auto Credit Corporation
3.2	Candace Martinez			☐ Schedule D, line
	2017 E. Escuda Road			☐ Schedule E/F, line
	Phoenix, AZ 85024			■ Schedule G
				William M. Stegner

Schedule H: Your Codebtors

Fill in this informa	ition to identify your case:	
Debtor 1	Anthony Ray Martinez	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: DISTRICT OF ARIZONA	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Emp	loyed	■ Employed
	attach a separate page with information about additional	Employment status*	□ Not	employed	☐ Not employed
	employers.	Occupation	Biome	dical Tech.	
	Include part-time, seasonal, or self-employed work.	Employer's name	Freser	nius Medical Care	Mayo FND Medical Ed. & Research
	Occupation may include student or homemaker, if it applies.	Employer's address	21241	N. 23rd Avenue, Ste. 11 ix, AZ 85027	
		How long employed th	nere?	Since 1996	<u>-</u>
				*See Attachment for Addition	onal Employment Information

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

Debtor 2 or -filing spouse		For Debtor 1		
4,340.59	\$	5,908.21	\$	2.
0.00	+\$	0.00	+\$	3.
4,340.59	\$	5,908.21	\$	4.

Case number (if known)

						r Debtor 1			Debtor 2 o		
	Copy	y line 4 here	4.		\$_	5,908.21	<u> </u>	\$	4,340	0.59	
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	1,036.78	_	\$		2.16	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	_	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$_	77.45		\$		2.99	
	5d.	Required repayments of retirement fund loans	5d		\$_	185.86	_	\$		0.00	
	5e.	Insurance	5e		\$_	192.17	_	\$		9.33	
	5f.	Domestic support obligations	5f.		\$_	0.00	_	\$		0.00	
	5g.	Union dues	5g		\$_	0.00	_	\$		0.00	
	5h.	Other deductions. Specify: Healthcare F.S.A.	_ 5h	.+	\$_	178.21	_			5.85	
		Family Life Ins. Children	_		\$_	0.00	_	\$		0.76	
		Vol. AD&D	_		\$_	0.00	_	\$		1.63	
		Vol. Group Universal Life	_		\$ \$	0.00	_	\$		6.59	
6	ام ۸	Dep. Life.	_		· -	0.92	_	\$		0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,671.39		\$	1,219		
7. 8.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,236.82	<u>-</u>	\$	3,12 ⁻	1.28	
0.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$	0.00	`	\$		0.00	
	8b.	Interest and dividends	8b		\$	0.00	_	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			-		_				
		settlement, and property settlement.	8c.		\$_	0.00	_	\$	1,20		
	8d.	Unemployment compensation	8d		\$_	0.00	_	\$		0.00	
	8e.	Social Security	8e		\$_	0.00)_	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00)	\$		0.00	
	8g.	Pension or retirement income	_ 8g		\$	0.00	_	\$		0.00	
	8h.	Other monthly income. Specify:	8h		\$	0.00	_	- \$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	(\$	0.00)	\$	1,20	05.01	
10	Calc	ulate monthly income. Add line 7 , line 9	10.	\$		4 226 22	<u> </u>	4.0	26 20	œ	0 ECO 44
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_		4,236.82 +	\$ _	4,3	26.29 =	\$	8,563.11
11.	State Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your riends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	depe			. ,		•	chedule J. 11. +\$	B	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines							12. \$		8,563.11
										mbin onthly	ed income
13.	Do y ■	ou expect an increase or decrease within the year after you file this form? No.	?							y	
		Yes. Explain:									

Debtor 1	Anthony	Ray	/ Martinez
----------	---------	-----	------------

Case	number	(if known)

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Biomedical Tech.	
Name of Employer	CDI Health, LLC	
How long employed	Since 2016	
Address of Employer	807 W. Fairchild Street	
, ,	Danville, IL 61832	

Fill in	this information to ident	fy your case:				
Debtor	1 Anthony	Ray Martinez		Chec	k if this is:	
				_	An amended filing	
Debtor (Spous	r 2 se, if filing)				A supplement shov 13 expenses as of	ving postpetition chapter the following date:
		. DISTRICT OF AR	IZONA	_	·	
United	States Bankruptcy Court fo	r the: DISTRICT OF AR	IZONA	_ '	MM / DD / YYYY	
Case r	number wn)		_			
	icial Form 106					
	hedule J: You					12/1
inforn		s needed, attach anothe	rried people are filing together sheet to this form. On the			
Part 1		ousehold				
_	s this a joint case?					
_	■ No. Go to line 2. ☐ Yes. Does Debtor 2	ive in a separate house	hold?			
	☐ No ☐ Yes. Debtor 2	must file Official Form 10	06J-2, Expenses for Separate	Household of Debt	or 2.	
2.	Do you have dependen	ts? □ No				
	Do not list Debtor 1 and Debtor 2.	YAS	s information for hindent Dependent's Debtor 1 or	s relationship to Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the				40	□ No
C	dependents names.		Son		13 years	■ Yes □ No
			Step Dau	ahter	14 years	□ No ■ Yes
				<u>g</u>		□ No
			Step Dau	ghter	16 years	■ Yes
			24		40	□ No
			Step Dau	ghter	19 years	■ Yes □ No
			Step Son		20 years	■ Yes
e	Do your expenses incle expenses of people othe yourself and your depe	er than			· <u> </u>	. 55
Part 2		going Monthly Expense				
exper			g date unless you are using If this is a supplemental <i>Sch</i>			
			nt assistance if you know			
	alue of such assistanc ial Form 106l.)	e and have included it o	n Schedule I: Your Income		Your exp	enses
	The rental or home ow payments and any rent f		our residence. Include first mo	ortgage 4. \$		1,950.00
li	f not included in line 4					
4	4a. Real estate taxes			4a. \$		0.00
		ner's, or renter's insuranc	ce	4a. \$ 4b. \$		0.00
4	4b. Property, homeow 4c. Home maintenance	ner's, or renter's insuranc e, repair, and upkeep exp ociation or condominium o	penses			

Official Form 106J

Debtor 1 Anthony Ray Martinez Case number (if known)

ebtor 1 Anthony Ray Martinez	Case number (if known)
. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 328.0 0
6b. Water, sewer, garbage collection	6b. \$ 125.0 0
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 545.0 0
6d. Other. Specify: Other(propane/gas)	6d. \$ 60.0 0
Food and housekeeping supplies	7. \$ 900.00
Childcare and children's education costs	8. \$ 0.00
Clothing, laundry, and dry cleaning	9. \$ 116.00
Personal care products and services	10. \$ 140.00
Medical and dental expenses	11. \$ 40.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12. \$ 370.0 0
B. Entertainment, clubs, recreation, newspapers, magazines, and	books 13. \$ 225.00
Charitable contributions and religious donations	14. \$ 0.00
Insurance.	<u> </u>
Do not include insurance deducted from your pay or included in line	es 4 or 20.
15a. Life insurance	15a. \$ 0.0 0
15b. Health insurance	15b. \$ 0.0 0
15c. Vehicle insurance	15c. \$ 610.0 0
15d. Other insurance. Specify: Auto Warranty.	15d. \$ 323.0 0
Taxes. Do not include taxes deducted from your pay or included in	
Specify:	16. \$ 0.00
Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$ 0.0 0
• •	
17b. Car payments for Vehicle 2	17b. \$ 377.94
17c. Other Specify: Non-filing Spouse Auto Payment.	17c. \$ 338.39
17d. Other. Specify:	17d. \$ 0.00
Your payments of alimony, maintenance, and support that you deducted from your pay on line 5, Schedule I, Your Income (Of	
Other payments you make to support others who do not live w	
Specify: Child Support.	19.
Other real property expenses not included in lines 4 or 5 of thi	s form or on Schedule I: Your Income.
20a. Mortgages on other property	20a. \$ 0.0 (
20b. Real estate taxes	20b. \$ 0.0 0
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.0 0
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.0 0
20e. Homeowner's association or condominium dues	20e. \$ 0.0 0
Other: Specify: Emergency & contingency expenses	21. +\$ 120.0 0
Non-filing Spouse Storage Facility.	+\$ 63.5
Non-filing Spouse Gym.	+\$ 44.08
Non-filing Spouse Chapter 13 Plan payment.	+\$ 800.00
Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 7,870.92
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Offi	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 7,870.92
	7,010.32
Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule	
23b. Copy your monthly expenses from line 22c above.	23b\$ 7,870.92
23c. Subtract your monthly expenses from your monthly income.	
The result is your <i>monthly net income</i> .	23c. \$ 692.1 9
 Do you expect an increase or decrease in your expenses within For example, do you expect to finish paying for your car loan within the year modification to the terms of your mortgage? No. 	
☐ Yes. Explain here:	

Fill in this inforn	nation to identify your	case:			
Debtor 1	Anthony Ray Mar	tinez			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	DISTRICT OF ARIZONA			
Case number _				_	
(if known)					Check if this is an amended filing
If two married pe You must file this	ople are filing togethers	r, both are equally responsi le bankruptcy schedules or n connection with a bankrup	Debtor's Scheouter Scheouter Scheouter Scheouter Schedules Schedules Schedules Schedules Schedules Schedules Schedules Schedules Scheouter Schedules Schedul	formation. ng a false statement, co	
	n Below	one who is NOT an attorney	y to help you fill out bankru	ntcy forms?	
■ No	y or agree to pay some		, to neip you iii out build a	ptoy forms.	
_	lame of person			, ,	Petition Preparer's Notice, nature (Official Form 119)
	ity of perjury, I declare true and correct.	that I have read the summa	ry and schedules filed with	this declaration and	
	nony Ray Martinez		_ x		
	ny Ray Martinez re of Debtor 1		Signature of Debtor	72	
Date _	April 19, 2019		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in this infor	mation to identify you	r case.			
Debtor 1					
Debior	Anthony Ray Ma First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	DISTRICT OF ARIZON	NA		
Case number _					Chook if this is an
(ii kilowii)				_	Check if this is an amended filing
					-
Official Fo	rm 107				
		Affairs for Indiv	iduals Filing for I	Bankruptcy	4/19
information. If n number (if know	nore space is needed, n). Answer every que	attach a separate sheet stion.	to this form. On the top of a	e equally responsible for sup ny additional pages, write yo	
Part 1: Give I	Details About Your Ma	arital Status and Where Y	ou Lived Before		
1. What is you	r current marital statu	ıs?			
■ Married	I				
☐ Not ma	rried				
2. During the l	ast 3 years, have you	lived anywhere other tha	an where you live now?		
□ No	et all of the places you	lived in the last 2 years. De	o not include where you live no		
		,	•		
Debtor 1 P	rior Address:	Dates Debtor lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
	eer Valley Road, Lo e, AZ 85255	ot 160 From-To: 12/2016 - 6/	☐ Same as Debtor 2017.	·1	☐ Same as Debtor 1 From-To:
		•	· .	nity property state or territor Rico, Texas, Washington and V	
□ No					
Yes. Ma	ake sure you fill out Sci	hedule H: Your Codebtors	(Official Form 106H).		
Part 2 Expla	in the Sources of You	r Income			
Fill in the tot	al amount of income yo	u received from all jobs an	ting a business during this year all businesses, including pare ever together, list it only once to		ndar years?
□ No					
Yes. Fi	Il in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	of current year untiled for bankruptcy:	■ Wages, commissions bonuses, tips	\$15,509.32	■ Wages, commissions, bonuses, tips	\$14,226.24
		☐ Operating a business		☐ Operating a business	
Official Form 107		Statement of Financial	Affairs for Individuals Filing for	Bankruptcy	page 1

Best Case Bankruptcy

					Debtor 1			Debtor 2		
					Sources of income Check all that apply.	(bet	oss income fore deductions and lusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
					■ Wages, commission bonuses, tips	ons,	\$6,227.11	☐ Wages, combonuses, tips	missions,	
					☐ Operating a busine	ess		☐ Operating a	business	
			dar year: December	31, 2018)	■ Wages, commission bonuses, tips	ons,	\$69,868.00	■ Wages, combonuses, tips	missions,	\$76,121.00
					☐ Operating a busine	ess		☐ Operating a	business	
			dar year be December		■ Wages, commission bonuses, tips	ons,	\$71,202.00	☐ Wages, combonuses, tips	missions,	
					☐ Operating a busine	ess		☐ Operating a	business	
	List	No	ource and t	ŭ	me from each source s	eparately. Do	o not include income	that you listed in lir	e 4.	
					Debtor 1			Debtor 2		
					Sources of income Describe below.	eac (bet	ess income from th source fore deductions and lusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You File	d for Bankrı	uptcy			
6.	Are	either No.	Neither De	ebtor 1 nor D	s debts primarily conselector 2 has primarily personal, family, or hor	consumer d	ebts. Consumer del	bts are defined in 11	U.S.C. § 10°	1(8) as "incurred by an
			-	•	re you filed for bankrup	tcy, did you լ	pay any creditor a to	tal of \$6,825* or mo	re?	
	□ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.									
	•	Yes.	Debtor 1 d	or Debtor 2 o	r both have primarily re you filed for bankrup	consumer d	ebts.			
			□ _{No.}	Go to line 7						
			■ Yes	List below e include pay	each creditor to whom y ments for domestic sup this bankruptcy case.					
	Cre	ditor'	s Name and	d Address	Dates of p	ayment	Total amount paid	Amount you still owe	Was this p	payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
	William M. Stegner 6638 W. Sweetwater Avenue Glendale, AZ 85304	Monthly: \$1,950.00.	\$5,850.00	\$0.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other R	ard payment s or vendors
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partners of their votin	erships of which yog g securities; and a	u are a gener ny managing a	al partner; corporations agent, including one for
	No No					
	Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
	moladi di Namo ana Naarood	Dates of paymont	paid	still owe	noucon ioi	ino paymoni
8.	Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
	insider 5 Name and Address	bates of payment	paid	still owe	Include cred	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of th	ne case
	Case number					
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, t	foreclosed, garnis	shed, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	ı			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.		luding a bank or fi	nancial institutior	ı, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess			efit of creditors, a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No													
	П	Yes. Fill in the details.												
		Person Who Received Transfer Address		Description and value of property transferred		Describe any property or payments received or debts paid in exchange		Date t	ransfer was					
	Per	son's relationship to you												
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of w beneficiary? (These are often called asset-protection devices.)														
		No												
	Naı	me of trust		Description and	value of the pro	perty trans	sferred	Date 1 made	Transfer was					
Pai	rt 8:	List of Certain Financial Accounts, In	strui	ments. Safe Deposi	t Boxes, and St	orage Unit	ts							
		,		,,		g								
20.	solo	nin 1 year before you filed for bankrupton, I, moved, or transferred?	•	•										
		Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.												
		No												
		Yes. Fill in the details.												
				ast 4 digits of Type of account or count number instrument			Date account was closed, sold, moved, or transferred		Last balance re closing or transfer					
21.		you now have, or did you have within 1 h, or other valuables?	year	before you filed fo	r bankruptcy, a	ny safe de	posit box or other depos	itory for	securities,					
	■ No													
		Yes. Fill in the details.												
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)			the contents		you still re it?					
22	Hav	e you stored property in a storage unit	or pl	ace other than you	r home within 1	vear befo	re vou filed for bankrupto	:v?						
		o you contain property in a contage anni	о. р .			,	,	· , ·						
		No												
		Yes. Fill in the details.												
	Nai	me of Storage Facility		Who else has or	had access	Describe	the contents	Do	you still					
		dress (Number, Street, City, State and ZIP Code)		Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			the contents		ve it?					
Pai	rt 9:	Identify Property You Hold or Contro	l for	Someone Fise										
ı a		_ , , ,												
23.		you hold or control any property that so someone.	omeo	one else owns? Incl	ude any proper	ty you bor	rowed from, are storing f	or, or h	old in trust					
	_	No Yes. Fill in the details.												
	Owner's Name Address (Number, Street, City, State and ZIP Code)			Where is the pro (Number, Street, City, Code)		Describe the property			Value					
Pa	t 10:	Give Details About Environmental Int	orma	ation										

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	toxic substances, wastes, or material into th regulations controlling the cleanup of these		vater, or other medium, including st	atutes or								
	Site means any location, facility, or property		w, whether you now own, operate, o	or utilize it or used								
	to own, operate, or utilize it, including dispos		wasta hazardous substanca tovis s	cubetanco								
	Hazardous material means anything an envir hazardous material, pollutant, contaminant,		vaste, nazardous substance, toxic s	iubstance,								
Rep	port all notices, releases, and proceedings tha	t you know about, regardless of when t	they occurred.									
24.	Has any governmental unit notified you that	you may be liable or potentially liable u	under or in violation of an environme	ental law?								
	■ No											
	Yes. Fill in the details.											
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice								
25.	Have you notified any governmental unit of a	ny release of hazardous material?										
	■ No											
	Yes. Fill in the details.											
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice								
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.											
	_	, p										
	■ No □ Yes. Fill in the details.											
	Case Title	Court or agency	Nature of the case	Status of the								
	Case Number	Name Address (Number, Street, City, State and ZIP Code)		case								
Pa	rt 11: Give Details About Your Business or C	connections to Any Business										
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have any	of the following connections to any	/ business?								
	☐ A sole proprietor or self-employed in		•									
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnership	(LLP)									
	☐ A partner in a partnership											
	☐ An officer, director, or managing executive of a corporation											
	☐ An owner of at least 5% of the voting or equity securities of a corporation											
	No. None of the above applies. Go to Part 12.											
	Yes. Check all that apply above and fill i											
	Business Name	Describe the nature of the business	Employer Identification number	r								
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed									
28.	Within 2 years before you filed for bankrupto	y, did you give a financial statement to	anyone about your business? Inclu	ide all financial								

Address (Number, Street, City, State and ZIP Code)

Part 12: Sign Below

Name

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

Date Issued

☐ Yes. Fill in the details below.

Debtor	1 Anthony Ray Martinez	Case number (if known)
with a b		g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ An	thony Ray Martinez	
	ony Ray Martinez ure of Debtor 1	Signature of Debtor 2
Date	April 19, 2019	Date
Did you ■ No □ Yes	attach additional pages to Your State	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you	ı pay or agree to pay someone who is	not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:									
Debtor 1	Anthony Ray Martinez								
Debtor 2 (Spouse, if filing)									
United States B	Bankruptcy Court for the: District of Arizona								
Case number (if known)									

Check as directed in lines 17 and 21:										
According to the calculations required by this Statement:										
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income								
1.	Wha	t is your marital and filing status? Check one o	nly.							
	□N	ot married. Fill out Column A, lines 2-11.								
	■ M	larried. Fill out both Columns A and B, lines 2-11.								
10 the	1(10A e 6 ma	ne average monthly income that you received from all .). For example, if you are filing on September 15, the 6-ronths, add the income for all 6 months and divide the tota own the same rental property, put the income from that	month period	od would in the re	be March 1 thro	ugh Au de any	gust 31. If the amoint m	ount of y ore than	our monthly incom once. For examp	ne varied during le, if both
						Colui Debt		Debt	mn B or 2 or filing spouse	
2.		r gross wages, salary, tips, bonuses, overtime, oll deductions).	and con	nmissio	ons (before all	\$	6,342.18	\$	6,429.69	
3.	 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 					\$	0.00	\$	0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.						\$	0.00	\$	1,205.01	
5.		ncome from operating a business, ession, or farm	Debtor 1	I						
	Gros	s receipts (before all deductions)	\$	0.00						
	Ordir	nary and necessary operating expenses	-\$	0.00						
	Net r	monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	0.00	
6.	Net i	ncome from rental and other real property	Debtor 1							
	Gros	s receipts (before all deductions)	\$	0.00						
	Ordir	nary and necessary operating expenses	- \$	0.00						
	Net r	monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00	

		Column A Debtor 1		Column B Debtor 2 o non-filing		
7. Interest, dividends, and royalties		\$	0.00	\$	0.00	
8. Unemployment compensation		\$	0.00	\$	0.00	-
Do not enter the amount if you contend that the amount received was a benefithe Social Security Act. Instead, list it here:	t under					-
For you\$	00_					
For your spouse \$ 0.0	00					
9. Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act.	s a	\$	0.00	\$	0.00	_
10. Income from all other sources not listed above. Specify the source and am Do not include any benefits received under the Social Security Act or payment received as a victim of a war crime, a crime against humanity, or international domestic terrorism. If necessary, list other sources on a separate page and putotal below.	ts or					
		\$	0.00		0.00	-
		\$	0.00	-	0.00	-
Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	6,342.18	+ \$_	7,634.70	= \$_	13,976.88
Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11.					\$	13,976.88
13. Calculate the marital adjustment. Check one:						
☐ You are not married. Fill in 0 below.						
You are married and your spouse is filing with you. Fill in 0 below.						
You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT						
dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page.						
If this adjustment does not apply, enter 0 below.						
	\$		_			
	\$		_			
	+\$					
Total	\$	0.0	0 <u> </u>	opy here=>		0.00
14. Your current monthly income. Subtract line 13 from line 12.					\$	13,976.88
15. Calculate your current monthly income for the year. Follow these steps:					•	13,976.88
15a. Copy line 14 here=>					\$	10,370.00
Multiply line 15a by 12 (the number of months in a year).					X	12
15b. The result is your current monthly income for the year for this part of th	e form.				\$	167,722.56

16	Calculate the median family income that applies to yo	u. Follow these steps:		
	16a. Fill in the state in which you live.	AZ		
	16b. Fill in the number of people in your household.	7		
	16c. Fill in the median family income for your state and si To find a list of applicable median income amounts,	go online using the link specified in t	he separate	\$107,956.00
17	instructions for this form. This list may also be availaged. How do the lines compare?	ble at the bankruptcy clerk's office.		
	17a. Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO			
	17b. Line 15b is more than line 16c. On the top or 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposable Income (
Par	t 3: Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 11		\$	13,976.88
19.	contend that calculating the commitment period under 11 spouse's income, copy the amount from line 13.	U.S.C. § 1325(b)(4) allows you to de	educt part of your	
	19a. If the marital adjustment does not apply, fill in 0 on li	ne 19a.	- \$	0.00
	19b. Subtract line 19a from line 18.			\$13,976.88_
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b			\$13,976.88
	Multiply by 12 (the number of months in a year).			x 12
	20b. The result is your current monthly income for the year	ar for this part of the form		\$167,722.56
	20c. Copy the median family income for your state and s	ze of household from line 16c		\$107,956.00
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of	page 1 of this form, check bo	x 3, The commitment
	■ Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, o	n the top of page 1 of this fo	rm, check box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that the	e information on this statement and i	n any attachments is true an	d correct.
)	(/s/ Anthony Ray Martinez			
	Anthony Ray Martinez			
	Signature of Debtor 1			
	Date April 19, 2019 MM / DD / YYYY			
	If you checked 17a, do NOT fill out or file Form 122C-2.			
	If you checked 17b, fill out Form 122C-2 and file it with th	s form. On line 39 of that form, copy	your current monthly income	e from line 14 above.

Fill in	this information to i	dentify your case:				
Debtor	1 Anthony	Ray Martinez				
Debtor (Spous	e, if filing)					
United	States Bankruptcy C	ourt for the: District of Arizona				
Case r	number wn)			☐ Check if this is	an amended	l filing
	Form 122C-2 pter 13 Calo	culation of Your Disposa	ble Income			04/1
	out this form, you wi itment Period (Offici	II need your completed copy of <i>Chapter 13</i> al Form 122C-1).	Statement of Your Current	Monthly Income	and Calculatio	n of
space i	s needed, attach a s nal pages, write you	ate as possible. If two married people are fi separate sheet to this form, Include the line or name and case number (if known).				
rait i	Calculate 10th	Deductions from Four income				
the	questions in lines 6	ervice (IRS) issues National and Local Star -15. To find the IRS standards, go online use available at the bankruptcy clerk's office.	sing the link specified in the			
expe	enses if they are high	unts set out in lines 6-15 regardless of your are er than the standards. Do not include any ope ict any amounts that you subtracted from your	rating expenses that you subtr	racted from income		
If yo	ur expenses differ fro	m month to month, enter the average expens	e.			
Note	e: Line numbers 1-4 a	re not used in this form. These numbers appl	to information required by a s	similar form used i	n chapter 7 cas	ses.
5.	The number of peo	ple used in determining your deductions f	rom income			
		people who could be claimed as exemptions any additional dependents whom you support. e in your household.			7	
Nati	onal Standards	You must use the IRS National Standard	ls to answer the questions in li	ines 6-7.		
6.		d other items: Using the number of people you dollar amount for food, clothing, and other ite		3 National	\$	2,765.00
7.	Out-of-pocket heal	th care allowance: Using the number of peop	ole you entered in line 5 and th	ne IRS National St	andards, fill in	

the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are

higher than this IRS amount, you may deduct the additional amount on line 22.

	_						·			
Peo	ple v	who are under 65 years of age								
	7a.	Out-of-pocket health care allowance per person	\$	52	_					
	7b.	Number of people who are under 65	X	7						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	364.00	-	Copy here	=> \$	364.00		
Peo	ple v	who are 65 years of age or older								
	7d.	Out-of-pocket health care allowance per person	\$	114						
	7e.	Number of people who are 65 or older	X	0_						
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	-	Copy here	=> \$	0.00		
	7g.	Total. Add line 7c and line 7f			\$	364.00	Сор	y total here=>	\$	364.00
Loca	al St	andards You must use the IRS Local Standards to	answe	er the questi	ons in lin	es 8-15.				
		n information from the IRS, the U.S. Trustee Prog	ıram ha	as divided t	he IRS L	ocal Standa	rd for hou	sing for		
■н	lous	ing and utilities - Insurance and operating expens	ses							
		ing and utilities - Mortgage or rent expenses								
		er the questions in lines 8-9, use the U.S. Trustee						ng the link s	pecified	l in the
sepa 8.	Ηοι	e instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance and	nses:	Using the nu	mber of	. ,		ne 5, fill \$		697.00
9.		using and utilities - Mortgage or rent expenses:	and ope	oraling expe				_		
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		e dollar amou	ınt		\$	1,353.00		
	9b.	Total average monthly payment for all mortgages a	nd othe	er debts secu	ired by y	our home.				
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.								
		Name of the creditor		Average mo payment	nthly					
		-NONE-	\$	5						
		9b. Total average monthly paymen	t \$		0.00	Copy here=>	-\$	0.00	Repeat on line	this amount 33a.
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, entered the substitution of the substitution		9a (mortgaç	ge	\$	1,353.0	Copy here=>	\$	1,353.00
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill					j is incorre	ect and	\$	0.00
	Ex	plain why:								

11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	an ownersh	ip or operating	g expense.	
	☐ 0. Go to line 14.					
	■ 1. Go to line 12.					
	2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for					220.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Vel	Describe Vehicle 1: 2016 Kia Sorento LX Sp condition.	oort Utility with 140,0	000 miles	in fair		
13a.	Ownership or leasing costs using IRS Local Standard		\$	497.00		
13b.	Average monthly payment for all debts secured by Vehicle 1.					
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Flagship Credit Acceptance, LLC.	\$ 304.24				
	Total Average Monthly Payment	\$304.24	Copy here =>	-\$304	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense				Copy net	
	Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$	192.76	Vehicle 1 expense here => \$ _	192.76
Ve	nicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total average monthly payment	\$	Copy here => -\$ _	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				n the \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transportation</i>	hat you believe is the ap				178.00

		n addition to the expense de he following IRS categories.		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, social your pay for these taxes. How and subtract that number from	Il security taxes, and Medica wever, if you expect to recein in the total monthly amount t	are taxes	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	1,548.94
	Do not include real estate, sa	•				Ψ	
17.	Involuntary deductions: The contributions, union dues, an	, , ,	ictions th	nat your job re	quires, such as retirement		
			, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme Do not include premiums for	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are ling together, include payments that you make for your spouse's term life insurance. On not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.				\$	0.00
19.	 Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 				\$	800.00	
		-				Ψ_	
20.	Education: The total month		ducation	that is either i	required:		
	as a condition for your job					¢	0.00
					ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						
	Payments for health insurance	e or health savings account	ts should	d be listed only	y in line 25.	\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						0.00
24.	Add all of the expenses all Add lines 6 through 23.	owed under the IRS expen	ise allov	vances.		\$	8,118.70
Add	litional Expense Deductions	These are additional de Note: Do not include an					
	Health insurance, disability	Note: Do not include an insurance, and health sa	ny expen vings a	se allowances		r	
	Health insurance, disability insurance, disability insurance	Note: Do not include an insurance, and health sare, and health savings account	ny expen vings a	se allowances	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance, disability insurance your dependents.	Note: Do not include an insurance, and health sare, and health savings account	ny expen vings ac unts that	se allowances ccount expen are reasonab	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance your dependents. Health insurance	Note: Do not include an insurance, and health sare, and health savings account	expensivings accounts that	ccount expen are reasonab	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	Note: Do not include an rinsurance, and health sare, and health savings account	expensivings accounts that	se allowances ccount expen are reasonab 521.50 0.00	s listed in lines 6-24. ses. The monthly expenses for health	r \$\$	895.56
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	Note: Do not include and insurance, and health sare, and health savings account the sa	sylexpensivings accounts that	ccount expenser reasonab 521.50 0.00 374.06	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o		895.56
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	Note: Do not include and insurance, and health sare, and health savings account the sa	sylexpensivings accounts that	ccount expenser reasonab 521.50 0.00 374.06	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o		895.56
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason	Note: Do not include and insurance, and health sare, and health savings account the care of household or nable and necessary care a fyour immediate family who	sylvings accounts that \$ \$ \$ \$ family r and supppose is unable.	se allowances ccount expendare reasonab 521.50 0.00 374.06 895.56 members. The ort of an elder old to pay for s	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may		895.56
25.	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reaso your household or member of include contributions to an actually we have to a protection against family we have to see the same of the same	Note: Do not include an insurance, and health sare, and health savings account tall amount? Ital amount? Ital actually spend? Ithe care of household or nable and necessary care a four immediate family who is count of a qualified ABLE pointence. The reasonably ne	symptomy expensions are sure that the symptoms are symptoms are symptoms. Symptoms are symptoms are symptoms are symptoms are symptoms are symptoms are symptoms.	se allowances ccount expen are reasonab 521.50 0.00 374.06 895.56 members. The ort of an elder ole to pay for s 26 U.S.C. § 5 monthly expe	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$\$	

Debtor 1	Anthony Ray Martinez	Ca	ase number (<i>if kno</i>	vn)			
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	ce and operation	ng expen	ses on		
	If you believe that you have home energy c 8, then fill in the excess amount of home en		sts included in	expense	es on line	е	
	You must give your case trustee documents amount claimed is reasonable and necessary		show that the	addition	al	\$	0.00
	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The monthl pendent children who are younger than 18 y	y expenses (n /ears old to att	ot more t end a pri	han vate or		
	You must give your case trustee documental claimed is reasonable and necessary and n	ation of your actual expenses, and you must ot already accounted for in lines 6-23.	explain why the	ne amoui	nt		
	* Subject to adjustment on 4/01/22, and eve	ry 3 years after that for cases begun on or a	after the date o	of adjustn	nent.	\$	0.00
	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
	To find a chart showing the maximum addit instructions for this form. This chart may also			parate			
	You must show that the additional amount claimed is reasonable and necessary.						0.00
	31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).						
	Do not include any amount more than 15%	of your gross monthly income.				\$_	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$_	895.56
Ded	uctions for Debt Payment						
33. F	For debts that are secured by an interest	n property that you own, including home	mortgages,	vehicle			
	oans, and other secured debt, fill in lines						
	Fo calculate the total average monthly paym creditor in the 60 months after you file for bar		ue to each sed	cured			
	Mortgages on your home					Avera	age monthly nent
33a.	Copy line 9b here				=>	\$	0.00
	Loans on your first two vehicles						
33b.	Copy line 13b here				=>	\$	304.24
33c.					=>	\$	220.47
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt	i	Does pay nclude ta or insurar	ixes		
				□ No			
	-NONE-			□ Yes		\$	
	·			00		Φ	
				□ No			
				☐ Yes		\$	
				□ No			
				⊒ Yes	+	\$	
					_	Ψ ₌	
					Сору	,	
33e	Total average monthly payment. Add lines	33a through 33d	\$	524.71	total here:	=> \$	524.71
	2 ,,,					´ [-	

li Name of the cr Flagship Cr	sted in line 33, to keep po lext, divide by 60 and fill i	must pay to a creditor, in accessession of your property (on the information below. Identify property that secu	called the <i>cui</i>						
Flagship Cr		Identify property that secu							
	edit Acceptance.		res the debt		Tot	al cure amount		onthly nount	cure
		2016 Kia Sorento LX 140,000 miles in fair			_	1,818.56	÷ 60 = \$ ÷ 60 = \$		30.31
				\$			$\div 60 = 5$ $\div 60 = +$$		
				Total	\$ _	30.31	Copy total here=>	. \$	30.31
		uch as a priority tax, child f your bankruptcy case? 1			nat				
□ No. (Go to line 36.								
		II of these priority claims. Do		current or					
	Total amount of all past-	due priority claims			\$_	12,096.75	÷ 60	\$	201.61
6. Projected	monthly Chapter 13 plar	n payment			\$_		_		
Office of the the Execution To find a list	e United States Courts (for ve Office for United State of district multipliers that including	stated on the list issued by to districts in Alabama and N s Trustees (for all other distructes your district, go online using the may also be available at the base.	North Carolinaticts). Ing the link spec	a) or by	Х __		Copy tota		
Average m	onthly administrative expe	ense				\$	here=>		
	f the deductions for deb 33e through 36.	t payment.						\$	756.63
otal Deduction	ons from Income								
8. Add all of	the allowed deductions.								
Copy line expense a	24, All of the expenses a	llowed under IRS	\$	8,118.70)				
Copy line	32, All of the additional ea	xpense deductions	\$	895.56	<u>`</u>				
	27 All of the deductions	for debt payment	+\$	756.63	ž				
	or, All of the deductions i	o. con paymon		750.03	_				

☐ 122C-2 ☐ 122C-1 ☐ 122C-2

Official Form 122C-2

☐ 122C-2

☐ 122C-1

☐ Decrease

☐ Increase

☐ Decrease

☐ Increase Decrease

Debtor 1	Anthony	Ray	Martinez
	/ \	,	mai tii io=

Case number (if known)

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Anthony Ray Martinez

Anthony Ray Martinez
Signature of Debtor 1

Date April 19, 2019

MM / DD / YYYY

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: CDI Health, LLC.

Income by Month:

6 Months Ago:	10/2018	\$2,111.94
5 Months Ago:	11/2018	\$2,685.84
4 Months Ago:	12/2018	\$1,953.36
3 Months Ago:	01/2019	\$2,522.00
2 Months Ago:	02/2019	\$1,307.95
Last Month:	03/2019	\$1,956.09
	Average per month:	\$2,089.53

Remarks:

No expected changes.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Fresenius Medical Care (Bio-Med).

Income by Month:

6 Months Ago:	10/2018	\$3,810.72
5 Months Ago:	11/2018	\$3,748.67
4 Months Ago:	12/2018	\$4,106.63
3 Months Ago:	01/2019	\$3,931.87
2 Months Ago:	02/2019	\$4,095.08
Last Month:	03/2019	\$5,822.91
	Average per month:	\$4,252.65

Remarks:

No expected changes.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mayo FND Medical Ed. & Research.

Income by Month:

6 Months Ago:	10/2018	\$6,252.19
5 Months Ago:	11/2018	\$6,252.20
4 Months Ago:	12/2018	\$13,918.46
3 Months Ago:	01/2019	\$4,006.69
2 Months Ago:	02/2019	\$4,006.69
Last Month:	03/2019	\$4,141.90
	Average per month:	\$6,429.69

Remarks:

No expected changes.

Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: Child Support.

Income by Month:

6 Months Ago:	10/2018	\$1,205.01
5 Months Ago:	11/2018	\$1,205.01
4 Months Ago:	12/2018	\$1,205.01
3 Months Ago:	01/2019	\$1,205.01
2 Months Ago:	02/2019	\$1,205.01
Last Month:	03/2019	\$1,205.01
	Average per month:	\$1,205.01

Remarks:

No expected changes.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	_
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

		District of Arizona		
In	re _Anthony Ray Martinez		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,500.00
	Prior to the filing of this statement I have received		\$	2,000.00
	Balance Due			2,500.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	☐ Debtor ☐ Other (specify): Throu	gh chapter 13 plan.		
4.	■ I have not agreed to share the above-disclosed comp	ensation with any other persor	n unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to re	nder legal service for all aspec	cts of the bankruptcy	case, including:
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Necessary communications with secure stipulated order confirming in a Chapter needed. 	ement of affairs and plan which ors and confirmation hearing, and ad creditors and bankrutpe	th may be required; and any adjourned hea cy trustee through	urings thereof; out the case, preparation of
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis chapter, appeals, adversary complaints, for moratorium.	schargeability actions, jud	licial lien avoidanc	
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	y agreement or arrangement for	or payment to me for r	representation of the debtor(s) in
	April 19, 2019	/s/ Sandra C. Os	walt/Eric R. Thiero	off
_	Date		It/Eric R. Thieroff (027283/022061
		Signature of Attorn Oswalt Law Gro		
		300 W. Clarendo		
		Suite 290		
		Phoenix, AZ 850	113 ax: 602-773-5739	
		sandra@oswaltl		
1		Name of law firm	<u> </u>	

United States Bankruptcy Court District of Arizona

Anthony Ray Martinez			Case N	lo
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Best Case Bankruptcy

ARIZONA DEPARTMENT OF REVENUE BANKRUPTCY UNIT, 7TH FLOOR 1600 W. MONROE STREET PHOENIX AZ 85007

CAPITAL ONE BANK USA, N.A. CORPORATE HEADQUARTERS 1680 CAPITAL ONE DRIVE MCLEAN VA 22102

CHASE CARD P.O. BOX 15298 WILMINGTON DE 19850

CITICARDS CBNA PO BOX 6241 SIOUX FALLS SD 57117

CONSOLIDATION PLUS P.O. BOX 204791 DALLAS TX 75320

DAMAGE RECOVERY P.O. BOX 843369 KANSAS CITY MO 64184

DESERT FINANCIAL CREDIT UNION CARDMEMBER SERVICE P.O. BOX 790408 SAINT LOUIS MO 63179

DIAMOND RESORTS FINANCIAL SERVICES, INC P.O. BOX 60480 LOS ANGELES CA 90060

DISCOVER FINANCIAL SERVICES, LLC. P.O. BOX 15316 WILMINGTON DE 19850-5316

ELAN FINANCIAL SERVICES 1255 CORPORATE DRIVE, STE. 6 IRVING TX 75038 ENTERPRISE
P.O. BOX 843369
KANSAS CITY MO 64184

FLAGSHIP CREDIT ACCEPTANCE, LLC. P.O. BOX 1419 CHADDS FORD PA 19317

FMS INC. PO BOX 707600 TULSA OK 74170

FMS, INC. 4915 S. UNION AVENUE TULSA OK 74107

FREEDOM PLUS 1875 S. GRANT STREET, STE. 400 SAN MATEO CA 94402

INTERNAL REVENUE SERVICE CENTRAL INSOLVENCY OPERATIONS P.O. BOX 7346 PHILADELPHIA PA 19101

KOHL'S N56 W. 17000 RIDGEWOOD DR. MENOMONEE FALLS WI 53051

MEDICAL PAYMENT DATA 2001 9TH AVENUE, STE. 312 VERO BEACH FL 32960

PAYPAL CREDIT ATTN: BANKRUPTCY DEPT. P.O. BOX 5138 LUTHERVILLE TIMONIUM MD 21094

SPEEDY CASH ATTN: BANKRUPTCY DEPT. P.O. BOX 780408 WICHITA KS 67278 SYNCHRONY BANK ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 965060 ORLANDO FL 32896-5060

TRANSWORLD SYSTEMS INC. 500 VIRGINIA DR., SUITE 514 FORT WASHINGTON PA 19034

UNITED AUTO CREDIT CORPORATION P.O. BOX 512925 LOS ANGELES CA 90051

VANTAGE WEST CREDIT UNION CORPORATE OFFICE 2480 N. ARCADIA AVENUE TUCSON AZ 85712

VERIZON WIRELESS P.O. BOX 660108 DALLAS TX 75266-0108